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# Primary Care Update

## Highlights of the HMA Scientific Session

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Myron Shirasu and his committee again produced an excellent program. This year there were concurrent sessions on Friday and Saturday mornings, making it impossible for one person to attend them all. Where I was not present at a talk I have relied on the speaker's handouts and the comments of those who did attend in preparing this summary.

On Friday, October 31, Dr Laurie K.S. Tom's topic was the treatment of type 2 diabetes. Close control of glycemia reduces complications. When diet, exercise and weight reduction do not adequately control glucose levels other measures are necessary. The options are oral agents, insulin, or a combination of the two. Dr Tom then discussed the use of three relatively new oral agents: biguanides, alpha glucosidase inhibitors and thiazolidinediones.

Dr Michael Kusaka's topic was travel medicine. He discussed the treatment of traveler's diarrhea; malaria prophylaxis; routine immunizations for measles, mumps and rubella, polio, influenza, pneumococcal infections, and tetanus and diphtheria; and immunization for yellow fever, hepatitis A and B, Japanese encephalitis, rabies, typhoid, meningococcal infections, and when and where these are recommended.

Dr Michael Moore (Bowman Gray School of Medicine) gave two presentations. In the first, "Strategies to Improve Cardiovascular Health in Hawaii", he discussed the need to treat hypertension aggressively, to reduce obesity, chronic alcohol use, and fat and sodium intake.

In his second talk Dr Moore discussed the evaluation and treatment of hematuria and albuminuria in children. One should be concerned if there are more than 3 rbc/hpf. Management will vary with the cause, which will vary with the age of the child. Persistent proteinuria, in the absence of infection, indicates glomerular disease. Nephrotic proteinuria, is treated with prednisone.

Dr Carla Nip-Sakamoto discussed common dermatologic problems in children. The risk of melanoma developing in a small or intermediate (<20 cm.) congenital melanocytic nevus is 1-5%. However with a giant congenital nevus the risk is 5-12%, with 60% of the melanomas occurring in the first ten years of life. The smaller nevi should be removed before puberty, but the larger ones at 3-6 months of age. 2% of malignant melanomas occur before age 20, 30% of these arising in giant melanocytic nevi. Dr Nip-Sakamoto then described various types of atopic dermatitis and their treatment, and classification and treatment of acne vulgaris, types of alopecia, and new therapeutic agents.

Dr Gregory Chow discussed childhood and adolescent orthopedic problems.

Dr John McDonnell's topic was adolescent smoking, which is

increasing after declining for several years. He described the ploys which tobacco companies use to lure children and teens to smoke, the adverse effects of smoking (pulmonary and cardiovascular disease, increased risk of lung, laryngeal, oral and other cancers, and other conditions). Addiction to nicotine occurs early and it is then very difficult to quit. Smoking kills more people every year than alcohol and other drugs, car accidents, suicides, AIDS, homicides and fires combined. Exposure to environmental tobacco smoke carries risks similar to those of active smoking. Smoking during pregnancy increases the risk of miscarriage, fetal death, and low birth weight infants. Although the risks of smoking are well known, many physicians do not advise their patients to stop nor offer assistance with quitting. Since most smokers begin the habit in childhood and adolescence increased efforts to curtail juvenile smoking are urgently needed.

Saturday morning's program began with Dr Naoki C.S. Tsai discussing "The ABC's of Hepatitis".

Hepatitis A accounts for 45% of acute viral hepatitis in the US, hepatitis B for 35% of acute viral hepatitis and 25% of chronic, and hepatitis C for 17% of acute and 45% of chronic cases. There is no specific treatment for hepatitis A, but most recover. A vaccine is available for those at increased risk (travelers to endemic areas, the elderly, etc.). Acute hepatitis B is usually not fatal. Chronic hepatitis B may result in cirrhosis or hepatic cancer. Hepatitis B is vaccine-preventable. Hepatitis C virus mutates quickly; only 10-15% recover from the acute infection; in 85% infection persists and may be benign or progress to cirrhosis or cancer eventually. Both B and C virus infections are treated with interferon.

Next Dr Robert B. Baron discussed the treatment of hypercholesterolemia. Men should be screened starting at 45 and women at 55. Both LDL and HDL should be determined. Triglycerides are not an independent risk factor for CHD. Treatment should begin with diet and exercise, and drug therapy reserved for those at high risk of CHD. Those over age 75 should not be treated if there is no evidence of CHD yet. Dr Baron then described the various drugs which can be used and the indications for them.

In a second presentation Dr Baron discussed the treatment of obesity. One third of adults in the US are obese (more than 20% above desirable weight). With dietary treatment 20% will achieve and maintain a 20 lb. weight loss; only 5% will lose 40 lb. and maintain it. Body Mass Index is more important than body fat. BMI over 40 = morbid obesity. Prevention of obesity is more effective than treatment. People lose weight with very low calorie diets and exercise but this usually doesn't last. The only predictor of success in maintaining weight loss is continuing exercise. The goal is to lose

fat, not muscle. Resistance training preserves muscle mass. Fenfluramine and dexfenfluramine are now off the market because of their association with cardiac valvular disease. Some new drugs are being tested but not yet approved.

In the concurrent session on Women's health issues, Dr Edwin Gramlich described premenstrual syndrome of which about 75% of women have symptoms during their reproductive years and various options for treatment: life-style changes (diet, exercise, stress reduction), and possible use of SSRIs when symptoms are severe.

Next Dr Ken Arakawa discussed the prevention and treatment of osteoporosis. Osteoporosis occurs in men but is much more common in women. All postmenopausal women should have bone density checked. Vertebral fractures usually occur earlier than hip fractures and result in loss of height and deformity and pain. Hip fractures result in 20% excess mortality in the first year. 50% never recover fully. Management includes analgesics for pain, weight-bearing exercise, prevention of falls, use of calcium and vitamin D. Estrogens can be started 10-20 years post-menopause but must be continued forever, but there may be an increased risk of breast cancer. Calcitonin may be used with calcium and vitamin D. Bisphosphonates prevent bone resorption; the newest of these, alendronate (fosamax) has been approved by FDA for osteoporosis.

Dr Alan R. Katz's topic was sexually transmitted diseases in Hawaii. Chlamydia is most common both here and nationally. Gonorrhea, AIDS and hepatitis B come next locally. Hawaii has very little syphilis now. Chlamydia is treated with doxycycline or azithromycin (erythromycin if pregnant), and gonococcal infections with cephalosporins.

Dr David Amberger's topic was human papillomavirus and neoplasms of the cervix. Various subtypes of the virus are implicated in different neoplasms; adenocarcinoma, invasive squamous cell carcinoma, small cell carcinoma, and condylomata. The highest incidence of infection with human papilloma virus is in young women, the risk decreasing after age 30. Other risk factors for cervical cancers are coexisting genital infections, early intercourse, having numerous sex partners, and smoking. 20% of pap smears initially reported negative have abnormal cells on rescreening, usually atypical squamous cells. 4500 women die of cervical cancer every year; of these 1/3 have had negative pap smears in the previous 5 years.

Dr Merle Miura-Akamine discussed chronic pain management in a managed care setting, focussing on the Kaiser Spine Clinic model. Initial focus is on educating primary care physicians to manage pain. Pain should be prevented if possible and treated early when it occurs. It is important not to undermedicate. Meds used are NSAIDs, narcotics, antidepressants, muscle relaxants and anticonvulsants. It is better to dose around the clock, avoiding peaks and troughs of blood levels. Injections, if necessary, are best in the acute phase. Rest should be limited and early return to activity encouraged. Exercises, walking, pool therapy may be important. If these measures are not sufficient referral to psychiatry spine clinic is indicated.

Next Dr Bruce Katsura discussed stroke rehabilitation and the long term sequelae of stroke. Rehab encompasses prevention of comorbid illness and medical complications, training for maximal functional independence, and facilitating psychosocial coping. He described common impairments after stroke and their frequency, stages in recovery from hemiplegia and predictors of outcome, and

typical functional outcomes.

Kathleen Brown, PhD, spoke on the treatment and management of dementia. The type of intervention is determined by the severity of the impairment of brain function and which functions are lost. Common concomitants of dementia are depression, delirium, anxiety, agitation, restlessness, sleep disturbances, hallucinations and delusions, apathy and withdrawal. Family caregivers need to be educated in management of these problems. Some dementias are reversible: those due to emotional disturbance, metabolic disorders, eye and ear disorders, nutritional disorders, tumors, trauma, and infections.

Dr Richard I. Tsou discussed the evaluation and management of urinary incontinence in adults, which affects 15-30% of those over 60, women twice as often as men. Patients should be referred to a specialist if the diagnosis and management are unclear, if there is no response to treatment trial, if there is hematuria without infection, recurrent urinary tract infections, severe urinary retention, pelvic prolapse or prostate nodule.

Sunday morning's program dealt with end-of-life issues. Dr Yank Coble, AMA Trustee, presented the AMA position in opposition to physician-assisted suicide. Patients should be encouraged to make advance directives. Pain management and use of hospice are important.

Andi van der Voort, RN, discussed the Hemlock Society's view that patients should have a right to ask for help in dying and that it is not humane to refuse. She supports enactment of a law which would allow the physician, after the patient has submitted a written request 3 times within a 15 day period, to prescribe a lethal oral dose of barbiturate which the patient could fill and use when he chooses.

Pat Kalua, RN, talked about hospice programs which offer palliative, not curative, care in a facility or in the patient's home. Patient and family, as a unit, are provided care and emotional support. Dying can be a good experience. The most common fears of dying patients are of pain, dependency, and the unknown.

Next Dr Max Botticelli discussed the physician's role in the care of the dying patient. The physician can help the patient define goals for the remainder of his life and make rational decisions. Most patients do not have living wills. Living wills are usually too vague to be helpful and they do not protect the patient from unnecessary care in ER or hospital. It would be dangerous to rely on patient requests to die; physicians, including psychiatrists, are not good at determining the competency of depressed patients. Emphasis should be on control of pain, not possible side effects of adequate pain control, and avoidance of unnecessary treatment.

Dr Reginald Ho moderated a panel discussion with these four presenters. One point which was made is that the local drug enforcement unit in Hawaii understands the use of large doses of narcotics in controlling the pain of terminally ill patients and will not prosecute physicians unreasonably.